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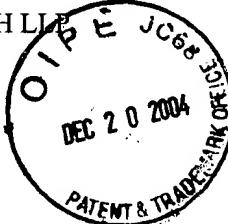
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25094 7590 11/12/2004

GRAY, CARY, WARE & FREIDENRICH LLP
2000 University Avenue
E. Palo Alto, CA 94303-2248

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Kathleen LaBrie	(Depositor's name)
<i>Kathleen LaBrie</i>	(Signature)
December 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/915,109	07/25/2001	Lynn P. West	TNSY:020US (F&J 10105492)	5532

TITLE OF INVENTION: LOAD/STORE MICROPACKET HANDLING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$1370 \$ 700.	\$300	\$1670	02/14/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ELAMIN, ABDELMONIEM I	2116	710-023000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gray Cary Ware & Freidenrich LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Times N Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Austin, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Dec. 15, 2004

Registration No. 39,749

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